



9/Response
DK
8-08-03

NIT-177-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

T. TOMARU et al

Serial No. 10/084,382

Group Art Unit: 2828

Filed: February 28, 2002

Examiner: D. Flores Ruiz

For: SOLID-STATE LASER COMPENSATION FOR PUMPING-LIGHT
ASTIGMATISM

REPLY

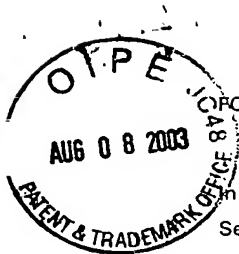
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

August 8, 2003

Sir:

In reply to the Office Action mailed May 8, 2003, the
Applicants request reconsideration as follows.

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TECHNOLOGY CENTER 2800



FORM PTO-1083

PATENT

Case Docket No. NIT-177-02

In RE application of T. TOMARU et al

Serial No.: 10/084,382

Group Art Unit: 2828

Filed: February 27, 2002

Examiner: D. Flores Ruiz

For: SOLID-STATE LASER COMPENSATED FOR PUMPING-LIGHT ASTIGMATISM

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 16	Minus	** 20	=	0
Indep.	* 2	Minus	*** 3	=	0

☐ First Presentation of Multiple Dependent Claims

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A check in the amount of \$_____ is attached in payment of:_____.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

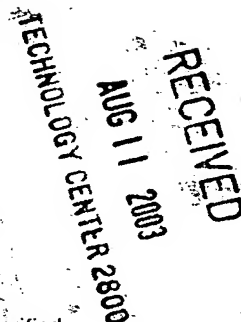
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Date: August 8, 2003

By:

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